Mumps Virus Specimen Collection and Specimen Submittal Form

Last Name: First Nar	me:	DOB:/ Medical Rec #:	
		Dity: Zip Code:	-
Race: \square White \square Black \square Asian/ Pacific Isla	□ Hispanic ander □ Am	□ Non-Hispanic □ Unknown erican Indian/Alaskan Native □ Unknown □ Other:	=
Physician Information:		Pager/Phone: ()	
Date of first symptom(s):// Hos			
If hospitalized, admit date:/ Discha	arge date:	_// If patient died, date of death://	_
Clinical syndrome:		History of clinical mumps	_
Swelling of parotid gland ☐ Yes ☐ No	□ Unk	(prior to current illness): ☐ Yes ☐ No ☐ Unk	
If yes, give date of onset of parotid swelling:/_	/	Vaccination History:	
Swelling of sublingual or ☐ Yes ☐ No submaxillary glands	□ Unk	# of doses (lifetime) of mumps containing vaccine received: Vaccination Dates (if known):	_
Fever	□ Unk		
URI symptoms (e.g. cough, sore throat) ☐ Yes ☐ No	□ Unk	Reason if not vaccinated:	
Asymptomatic ☐ Yes ☐ No	□ Unk	Exposures/Travel within 4 wks of onset (specify detail	ils):
Other, please describe		Traveled outside of California:	-
Complications (e.g, orchitis, meningitis/enco	ephalitis):	Contacts/exposures:	
Disease suspected <u>or</u> test requested:		Date received by VRDL and State Accession Number	Route to:
Specimen type and/or specimen source Date	e Collected	1 st	[] RGDS [] FA [] RAB []
2 nd Specimen type and/or specimen source Date	e Collected		[]BE []
Submitter's Complete Mailing Address		Viral and Rickettsial Disease Laboratory Division of Communicable Disease Control California Department of Public Health 850 Marina Bay Parkway	[]
Submitting Physician:		Secure Fax # for reporting results: ()	



State of California—Health and Human Services Agency California Department of Public Health



CDPH Viral and Rickettsial Disease Laboratory (VRDL) Specimen Collection Guidelines for Mumps Virus Testing

The CDPH Viral and Rickettsial Disease Laboratory (VRDL) encourages submission of specimens from suspected cases of mumps in California. Laboratory diagnosis can be made either by isolation of mumps or detection of nucleic acid from respiratory specimens or by serologic testing.

Appropriate specimens for testing include: buccal or oral swabs and serum. Collection of serum samples in pediatric patients is optional.

NOTE: Urine samples are not routinely recommended – Call VRDL for a consultation before collecting or submitting a urine sample. Urine samples received without prior consultation will not be tested.

Mumps Serology - VRDL currently has both EIA and IFA assays available to measure mumps IgG and IFA for IgM; IgM results must be interpreted with caution since false positive or non-specific reactions are known to occur¹.

Collect 7-10 ml of blood in a red top or serum separator tube. If initial testing is negative and mumps is strongly suspected, a convalescent serum should be collected 2-3 weeks after symptom onset. The gold standard remains the demonstration of a significant change (4-fold rise) in IgG titer between the acute and convalescent samples.

Mumps Isolation and direct detection by PCR can be attempted from buccal or oral swabs collected within 9 days of onset of parotitis.

Buccal swabs are the preferred respiratory specimen. To collect a buccal specimen, massage the parotid gland area (between cheek and teeth inside mouth just below the ear) on each side of the face for about 30 seconds prior to collection of the secretions. Use a plain Dacron swab and rub the inside of each cheek with the same swab for 10 seconds. Sweep the swab between the upper and lower molar areas on each side of the mouth. Place swab in sterile tube with 2-3 ml viral transport medium or sterile isotonic solution. *Do not place in Amies or Stuart transport media since these contain viral inhibitory substances*.

Specimens should be stored at 4°C and shipped on wet ice or cold pack as soon as possible.

- Respiratory specimens can be held at 4°C for 24 hours before shipping. Otherwise, the specimens should be frozen at -70°C and shipped on dry ice.
- If VRDL approves submission of urine samples (see above), ideally urine specimens should be sent within 24 hours of collection. Otherwise, urine should be centrifuged at 2,500 times g for 15 minutes at 4°C to pellet the sediment. The sediment should then be resuspended in 2-3 ml of VTM or any cell culture medium and shipped at 4°C. If the pelleted specimens cannot be shipped within 48 hours, the pellet should be frozen at -70°C and shipped on dry ice, if necessary.

Please contact VRDL: 510.307.8585 if you have any questions

¹ False-positive IgM results by commercial immunofluorescent antibody assays have been reported. If the suspected case has received one or more doses of MMR, missing, delayed or transient IgM responses may also be seen. There are currently no FDA-approved EIAs for detection of mumps IgM antibody.